

Paperwork Attachment Cover Sheet

Paperwork Attachment Control Number: _____

Date of service: _____

Billing Provider number: _____

Client ID number: _____

Type of attachment: _____

Instructions:

This form is used as a cover sheet for attachments to electronic and paper Montana Healthcare Programs (Medicaid/MSHP/CHIP/IHS) claims sent to ACS. The *Paperwork Attachment Control Number* must be the same number as the *Attachment Control Number* on the corresponding electronic claim. This number should consist of the provider's billing number, the client's ID number and the date of service (mmddyyyy), each separated by a dash (9999999-999999999-99999999). This form may be copied or downloaded from the Montana's Healthcare provider website at www.mtmedicaid.org. If you have questions about which paper attachments are necessary for a claim to process, please call ACS Provider Relations at (406) 442-1837 or (800) 624-3958.

Completed forms can be sent to: ACS
P.O. Box 8000
Helena, MT 59604 OR
FAX to: 1-406-442-4402